

APPLICATION FOR LOSS PREVENTION ASSOCIATE

*I have attended the following required courses and would like to apply for the
Loss Prevention Associate designation.*

NAME (*First, Middle Initial, Last*):

NAME OF STATE DEPARTMENT:

OFFICE:

DIVISION OR FACILITY (*If Applicable*):

JOB TITLE:

COMPLETE WORK MAILING ADDRESS:

WORK TELEPHONE:

FAX NUMBER:

E~MAIL ADDRESS:

APPROVAL SIGNATURES

Applicant:_____

Loss Prevention Manager:_____

*Please attach copies of the training certificates from the courses you have attended that
qualify you for this designation and mail or fax them to:*

Office of Risk Management/Loss Prevention Unit

P.O. Box 91106

Baton Rouge, Louisiana 70821-9106

(DA-53041)

FAX#: (225) 219-0516